

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/595505

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/		/		
3		2				
4		1				
5		1				
6	1			1		
7		1				
8		1				
9		1				
10	1			1		
11		1				
12		2				
13		1				
14	1			1		
15		1				
16	1			1		
17		1				
18		1				
19		1				
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21	1			1		
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50						
TOTAL IND.			3			
TOTAL DEP.		25				
TOTAL CLAIMS		28				

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						